PTO/SB/21 (10-08) Approved for use through 11/30/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/551,364 **TRANSMITTAL** Filing Date 2006 February 27, First Named Inventor Jin-Suk Lee **FORM** Art Unit 1621 **Examiner Name** Yate Kai Rene Cutliff (to be used for all correspondence after initial filing) Attorney Docket Number ASIAP022.US01

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)														
X	Fee Trans	Fee Transmittal Form			X Drawing(s)			After Allowance Communication to TC						
	X F	Fee Attached			Licensing-related Papers				Appeal Communication to Board of Appeals and Interferences					
X	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 1.) Check for \$856.00 2.) Certificate of Mailing 3.) Postcard						
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53				Remarks The Commissioner is hereby authorized to credit/debit Deposit Account No. 50-3539 if deemed necessary for this submission.										
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:														
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PTO/SB/17 (10-08)

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Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/551,364 **TRANSMITTAL** February, 27, Filing Date 2006 For FY 2009 Jin-Suk Lee First Named Inventor Yate Kai Rene Cutliff **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1621 (\$) 856.00 TOTAL AMOUNT OF PAYMENT ASIAP022.US01 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card JMoney Order None Other (please identify): X Deposit Account Deposit Account Number: 50-3539 Deposit Account Name: TIPS Group For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 100 140 110 50 70 Plant 220 330 170 110 165 85 Reissue 330 165 540 650 270 325 Provisional 220 0 110 O 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 220 110 Each independent claim over 3 (including Reissues)

Multiple dependent claims 390 195 **Total Claims Extra Claims** Multiple Dependent Claims <u>676.00</u> 13 Fee (\$) - 20 or HP = Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP =

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Other (e.g., late filing surcharge): IDS

Brian

S

Boyer,

3. APPLICATION SIZE FEE

Name (Print/Type)

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Signature

Registration No. 52, 643

Telephone 650-293-3365

(Attorney/Agent)

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Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/551,364 **Application Number** TRANSMIT February, 27, 2006 Filing Date Jin-Suk Lee For FY 2009 First Named Inventor Yate Kai Rene Cutliff **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1621 Art Unit (\$) 856.00 TOTAL AMOUNT OF PAYMENT ASIAP022.US01 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-3539 Deposit Account Name: TIPS Group For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 **Provisional** 110 0 0 O 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) <u>Fee (\$)</u> Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims** Extra Ciaims Multiple Dependent Claims 13 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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Signature

Registration No. 52, 643

Telephone 650-293-3365

Name (Print/Type) Brian S Boyer, Ph.D.

Date November 18, 2008

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Attorney Docket No.: ASIAP022.US01 Patent Application No.: 10/551,364

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